

Children's Health and the Campaign for Better Babies

by Marilyn Irvin Holt

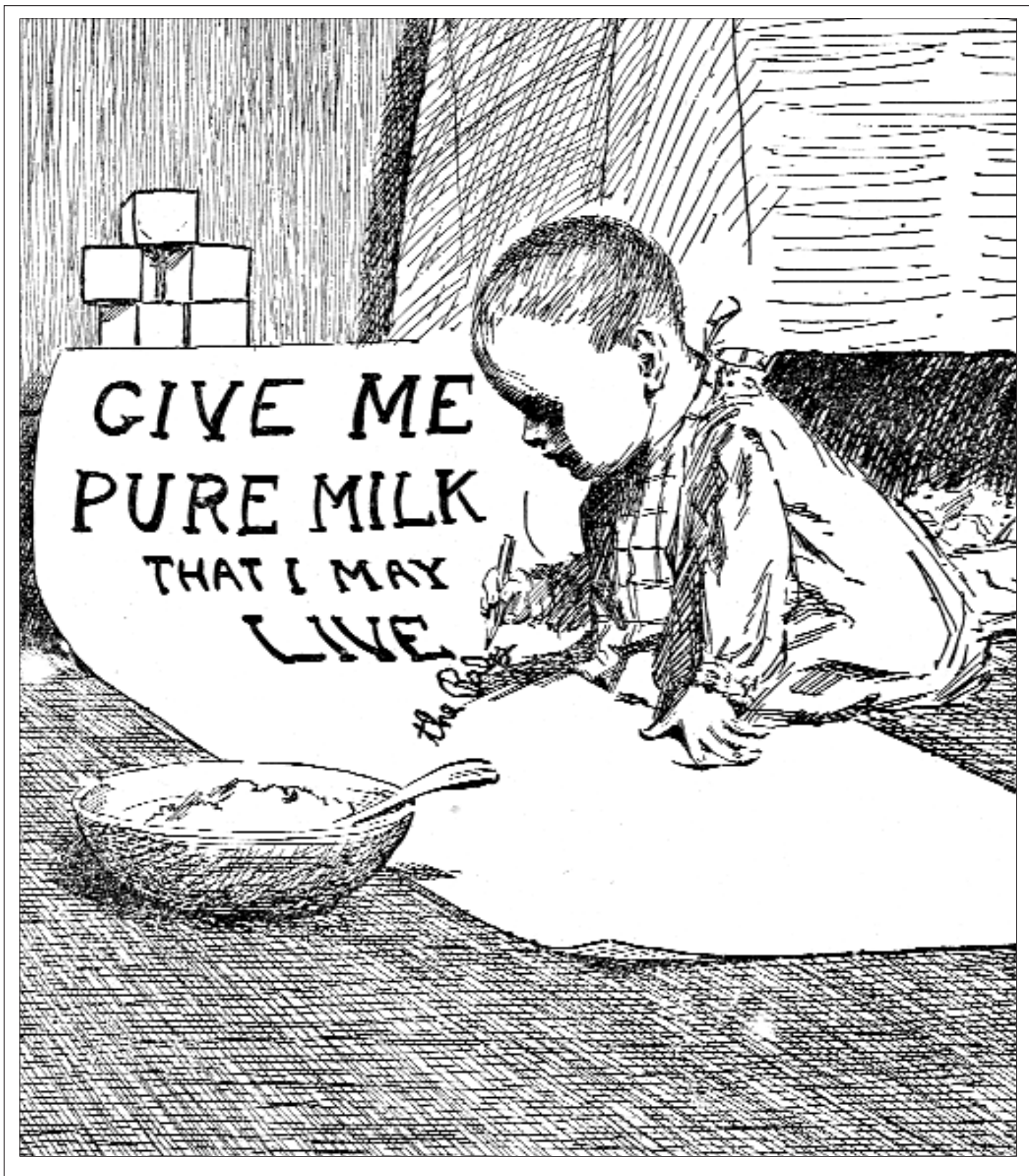
Two-year-old Blanche Beal almost died from diphtheria in 1894. "Dr. McIlhenny said I was so sick nothing could save me unless it might be the new antitoxin he'd read about in the medical journal. No doctor in Sumner County had used it, he said, but if Papa and Mama wanted him to try." They did, and the next day "they were all thanking God for the miracle of medicine and for a doctor who wasn't afraid to use it." The "miracle of medicine" was cause for celebration. As Elliott West found in his study of nineteenth-century children in the American West, diphtheria ranked as the most deadly childhood disease. The cause of diphtheria, an airborne bacterium, had been known since 1883, but an effective antitoxin was not available until 1894. That Blanche did not become a statistic signaled the changes that were coming to public health.¹

Before substantial advances were made in science and medicine in the late 1800s, American society had no choice but to accept the probability that families would lose at least one child. Besides diphtheria, common threats were whooping cough, measles, scarlet fever, typhoid, and pneumonia. A country doctor matter-of-factly observed that if a woman "decided she wanted to raise six [children], she would need to bear ten." On a personal level, Blanche Beal's parents "hardly knew a family that hadn't lost one or more of their children to whooping cough or diphtheria." Left unsaid was the grief endured by fam-

Marilyn Irvin Holt, a former editor of *Kansas History*, has worked on several editorial and historical research projects for historical agencies and private organizations. Most of her publications, including *Indian Orphanages* (Lawrence: University Press of Kansas, 2001) and *Children of the Western Plains* (Chicago: Ivan R. Dee, 2003), have focused on the history of childhood.

1. Blanche Beal Lowe, "Growing Up in Kansas," *Kansas History: A Journal of the Central Plains* 8 (Spring 1985): 48; Elliott West, *Growing Up with the Country: Childhood on the Western Frontier* (Albuquerque: University of New Mexico Press, 1989), 220–22, 233.

Kansas History: A Journal of the Central Plains 28 (Autumn 2005): 174–187.



This plea for better babies' health appeared in the September 1914 Kansas State Board of Health Bulletin.

ilies and the emotional effect on women facing the prospect, with each pregnancy, that the child might die at birth or later to some childhood disease.²

New treatments, however, and a greater understanding of diseases changed thinking and expectations. This change was reinforced by the Progressive Era's demand for reform in American society. By the early 1900s people were far less willing to helplessly accept the notion that some children simply died. Medical breakthroughs, along with the emerging field of public health, suggested that diseases could be effectively treated, even prevented. Progressives pointed out a plethora of problems that could be mitigated with social responsibility and public awareness. In terms of child health, children's lives could be saved and improved through preventive medicine, health care accessibility, and public education.

In Kansas, the Progressive spirit was epitomized by Dr. Samuel Crumbine, who became secretary of the State Board of Health in 1904. He gained a national reputation for his "Swat the Fly" and "Don't Spit on the Sidewalk" campaigns, as well as abolition of the common drinking cup and roller hand towels in public places. These campaigns affected children's lives by making their environments cleaner and safer from transmittable diseases such as tuberculosis. But Crumbine, influenced by programs initiated in New York state, lobbied the Kansas legislature for a health department devoted just to children. "For several years," wrote Crumbine, "I had been troubled by the thought of infant mortality. How many of these deaths were preventable!" Added to a family's grief over the loss of a child were the long-lasting physical problems of children who survived early illnesses but were left "crippled in mind and body." Blindness, deafness, diminished mental capacity, and susceptibility to additional diseases and infections could all be attributed to the lingering effects of childhood diseases. In January 1915 the legislature approved a new addition to the State Board of Health—the Division of Child Hygiene.³

The Division of Child Hygiene, first directed by Dr. Lydia Allen DeVilbiss, was concerned with all aspects of child health. Despite limited staff and funds, the division worked to identify, and eradicate, factors that contributed to illness and death in children under one year of age. It did the same for older children, although the medical profession already knew that home quarantine curtailed the spread of contagious diseases among school-age children, and local health officials in Kansas routinely invoked their power to quarantine the sick. Physicians also recognized the correlation between toddler deaths and sickness during what one doctor called "the dread 'second summer.'"

During this time many suffered and died from gastrointestinal problems related to consuming milk and table food spoiled in summer heat. The State Board of Health warned that "hot weather is the time of danger for the babies." In 1914 it estimated that at least one thousand Kansas toddlers died from "summer diarrhoea." The Division of Child Hygiene set about identifying other factors that threatened children's health such as poor diets and unsanitary living conditions. The latter was calculated in many ways, including the lack of screened doors and windows. Given the State Board of Health's exhaustive efforts to preach the benefits of screening against flies, there was no excuse for doctors to observe situations in which "the number of flies all over the house, and on the baby's face was limited only by the available standing room." In addition, the division stressed enforcement of the state's 1911 vital statistics law, which mandated birth and death registration. After all, it was impossible to measure mortality rates or to identify contributing factors without accurate records. Generally, the department intended to implement programs that reduced the incidence of death and childhood illnesses, and it planned to disseminate educational material to mothers through printed literature and public programs.⁴

Creation of the Child Hygiene Division in 1915 happened to intersect with the U.S. Children's Bureau's first national child-health campaign. The bureau, advocated in

2. Arthur E. Hertzler, *The Doctor and His Patients: The American Domestic Scene as viewed by the Family Doctor* (New York: Harper and Brothers, 1940), 27; Lowe, "Growing Up in Kansas," 48; Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950* (New York: Oxford University Press, 1986), 18–19.

3. Samuel J. Crumbine, *Frontier Doctor: The Autobiography of a Pioneer on the Frontier of Public Health* (Philadelphia: Dorrance and Co., 1948), 211–12.

4. *Ibid.*, 199, 211–12; Hertzler, *The Doctor and His Patients*, 31–32; Lydia Allen DeVilbiss, "Summer Care of Babies," in Kansas State Board of Health, *Bulletin*, June 1915, 189; "Baby Bulletin," in *ibid.*, July 1915, 193–240; *The Vital Statistics Law, Chap. 296, Sess. Laws, 1911, Rules and Regulations* (Topeka: State Printer, 1912); Nina Swanson, "The Development of Public Protection of Children in Kansas," *Kansas Historical Collections*, 1919–1922 15 (1923): 252.



This special "Baby Bulletin" was published in July 1915, shortly after the creation of the Child Hygiene Division. The bulletin was "hurriedly prepared" by the new division "that it may help in the saving of babies this summer."

1909 at the first White House Conference on Children, was established in 1912 under the U.S. Department of Labor. Although many of the bureau's responsibilities overlapped those of the U.S. Public Health Service, the U.S. Department of Agriculture, and the U.S. Women's Bureau, supporters argued that the Children's Bureau would devote itself to issues directly affecting children. It would not only improve their lives in the present but would, in the long run, protect America's future by ensuring healthier children. The bureau and its director, former Hull House worker Julia Lathrop, reflected the Progressives' belief in modern medicine, public education, and using a scientific

approach to study social problems. Instead of addressing problems on the basis of individual needs, as many charities did at the time, Progressives believed that it was easier to enact change by grouping people into broad categories. The Children's Bureau was responsible for bettering the lives of children and, by extension, those of mothers. Using the sociological strategies of the period, the agency set out to conduct studies to identify specific needs and possible solutions in the areas of juvenile delinquency, exploitation of child labor, mortality rates, and health care. Using data collected from these studies, the bureau planned to frame solutions that, in turn, would receive government funding and perhaps enforcement legislation.⁵

Limited staff and financial resources forced the Children's Bureau to prioritize, and its first order of business was accessing the quality of health care and reducing mortality rates. It was an issue that cut across the spectrum of the bureau's categories for children, whether they were labeled juvenile delinquents, orphans, child workers, or youngsters with "normal childhoods." Health care resonated with the American public. Much needed to be done. Although public health campaigns and new medical treatments had reduced by half the national death rate from typhoid and diphtheria between 1900 and 1913, infant mortality rates remained a challenge. Death rates in rural areas were lower than those in urban centers, but concentrated efforts to clean up the worst sections of urban tenements, as well as better health care for the poor, had reduced rates. Nevertheless, both urban and rural figures for the United States unfavorably compared with those of other industrialized countries. In the early twentieth century the United States lagged behind, ranking between eighth and eleventh. It was a shameful mark on America's boasts of advances in technology and science. "The mere business of being a baby," wrote Lathrop, "must be classified as an extra-hazardous occupation." For Kansas children, it was just slightly less dangerous. More than twenty-five hundred infant deaths occurred in 1915; the ratio of one death

5. Kriste Lindenmeyer, "The Federal Government and Child Health" in *Children and Youth in Sickness and in Health: A Historical Handbook and Guide*, ed. Janet Golden, Richard A. Meckel, and Heather Munro Prescott (Westport, Conn.: Greenwood Press, 2004), 107, 110–11; Ronald D. Cohen, "Child-Saving and Progressivism, 1885–1915," in *American Childhood: A Research Guide and Historical Handbook*, ed. Joseph M. Hawes and N. Ray Hiner (Westport, Conn.: Greenwood Press, 1985), 274, 298.

in every fourteen live births was lower than the national average of one death under the age of one year in every six live births.⁶

To reduce infant mortality, to generally improve children's health, and to educate mothers, the Children's Bureau launched its first national "Better Baby" campaign in 1915. The plan centered on providing health clinics for children. The concept was not entirely new. Clinics were already conducted in a few places, and today there is some debate about the location of the first. However, credit is generally given to Mary T. Watts who created a contest at the 1911 Iowa State Fair that judged babies on points of health and strength. The Children's Bureau expanded the idea into a national campaign that was designed to reach both urban and rural audiences. These clinics, which the Children's Bureau called a Baby Week, incorporated two activities. Mothers received basic classes in first aid, nutrition, and home health care. Meanwhile, their children were examined by doctors and nurses who applied professional medicine's fixed standards for "normal" heights and weights according to age. If, for example, a six-month-old was twenty-five inches in height, he or she should weigh fifteen pounds. It was believed that readings outside the norm signaled early health problems or contributing factors to poor health such as malnutrition or, at the opposite end of the spectrum, overweight. Mothers were warned that overfed "fat" infants were not necessarily healthier than underweight babies. Clinics also were encouraged to gauge mental development with a version of the Binet-Simon intelligence test. This was meant to measure such things as a toddler's ability to sit alone or grasp objects. Many clinics, however, decided to forego this sort of examination due to lack of trained personnel or time constraints. Weighing, measuring, and a general physical examination had priority. The idea of apparently healthy children being examined was itself rather revolutionary. After all, people usually did not seek out a doctor for preventive care. They waited until an illness or injury demanded attention.⁷

6. Lindenmeyer, "The Federal Government and Child Health," 110-11; Children's Bureau, *Save the Youngest: Seven Charts on Maternal and Infant Mortality with Explanatory Comment*, Publication 61 (1919), 2, 5; Kansas State Board of Health, *Do You Live in the Healthiest County in the State of Kansas?* (Topeka: Kansas State Printing Plant, 1916): 14. Swanson, "The Development of Public Protection of Children in Kansas," 237-38, also noted child classifications and the "normal" child.

7. Mary T. Watts, "Fitter Families," *Survey* 51 (February 15, 1924): 517; Hildegarde Walls Johnson, "Fitter Families for Future Firesides,"

The newly established Division of Child Hygiene in Kansas quickly joined the national Better Baby campaign. It was the state organizer, but limited resources forced it to rely upon local volunteers. Women's clubs, doctors, public health nurses, county boards of health, civic leaders, and clergymen were enlisted to organize the clinics and offer vocal support. County home extension/demonstration agents and clubs, which were connected to the farm extension program at Kansas State Agricultural College, were considered crucial to the campaign's success in many areas. Extension agents explained the program to their communities, encouraged participation, and sometimes played the role of organizer. For its part, the State Board of Health distributed guidelines that detailed every step for organizing a Baby Week. It provided score cards to record each child examined, as well as information for doctors and nurses who might be unfamiliar with height and weight standards. The board also provided presentation certificates for participants, and it distributed child-care pamphlets for mothers. These covered such subjects as bottle feeding and proper children's clothing. Most clinics were held at the county seat, but some were scheduled for shorter periods than the desired week. To reach more isolated areas and further inform the public, the State Board of Health used its special Health Exhibit train car. Employing the same philosophy as the agricultural demonstration trains that spread the word of better farming, the board of health's car spread the word of better health. For Better Baby clinics, it added a compartment specially fitted for examining children.⁸

Journal of Heredity 16 (December 1925): 457; Annette K. Vance Dorey, *Better Baby Contests: The Scientific Quest for Perfect Childhood Health in the Early Twentieth Century* (Jefferson, N.C.: McFarland and Co., 1999), 29-32, 151-52; "Weight—Height—Age Tables" in Maude Richman Calvert, *First Course in Home Making* (Atlanta, Ga.: Turner E. Smith Co., 1924), 21, 22; "The Kansas Mother's Manual," in Kansas State Board of Health, *Bulletin*, January 1922, 107-12; Marilyn Irvin Holt, *Linoleum, Better Babies & the Modern Farm Woman, 1890-1930* (1995; reprint, Lincoln: University of Nebraska Press, 2005), 112-13; "Better Babies Standard Score Card," *Woman's Home Companion* (1929), box 143, Central file, Children's Bureau, RG 102, National Archives, College Park, Md.

8. Children's Bureau, *Better Baby Week Campaigns: Suggestions for Communities of Various Sizes*, Miscellaneous Series 5, Publication No. 15 (1915); "Baby Bulletin," 227-36; "Child Hygiene Number," in Kansas State Board of Health, *Bulletin*, June 1916, 408-9; Crumbine, *Frontier Doctor*, 212; Dorey, *Better Baby Contests*, 49. For an overview of agricultural demonstration trains, see Constance Libby Menninger, "The Gospel of Better Farming According to Santa Fe," *Kansas History: A Journal of the Central Plains* 10 (Spring 1987): 43-66.

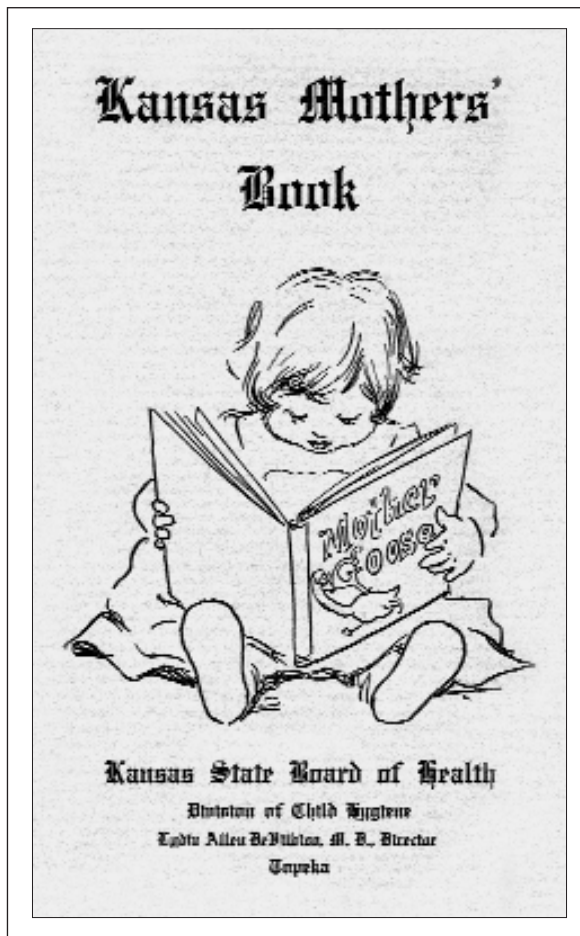
The board's Division of Child Hygiene called the Better Baby project "a tremendous success" that, in turn, "gave the interest in child hygiene a great impetus." An estimated three thousand children under the age of five were examined in the 1915 campaign, and since some clinics ignored the suggested age requirement, doctors also saw an untold number of older children. During 1915 as well as in later Better Baby campaigns, reports from local organizers reinforced state officials' enthusiasm for the program. A clinic for African Americans in Riley County attracted forty-five women to a health-care lecture, and fifteen children were examined. In Nemaha County the home extension agent in charge reported that, thanks to "this child welfare work," seventy cases of diseased tonsils and adenoids were diagnosed—with follow-up operations to remove them. Surgery was a common result of examinations since tonsil and adenoid problems were linked to recurring infections and were indicators of possible more serious, even life-threatening, inflammation of the mastoid bone behind the ear. Medical professionals and educators also were beginning to mark the relationship between poor school performance and poor health. "We are gradually discovering that most of our dunces should be sent to the surgeon instead of the schoolroom pedestal," wrote a Kansas professor. "Most of them have adenoids or defective teeth or weak eyes. When the physical needs are given attention, they are as capable of rapid mental growth as any child."⁹

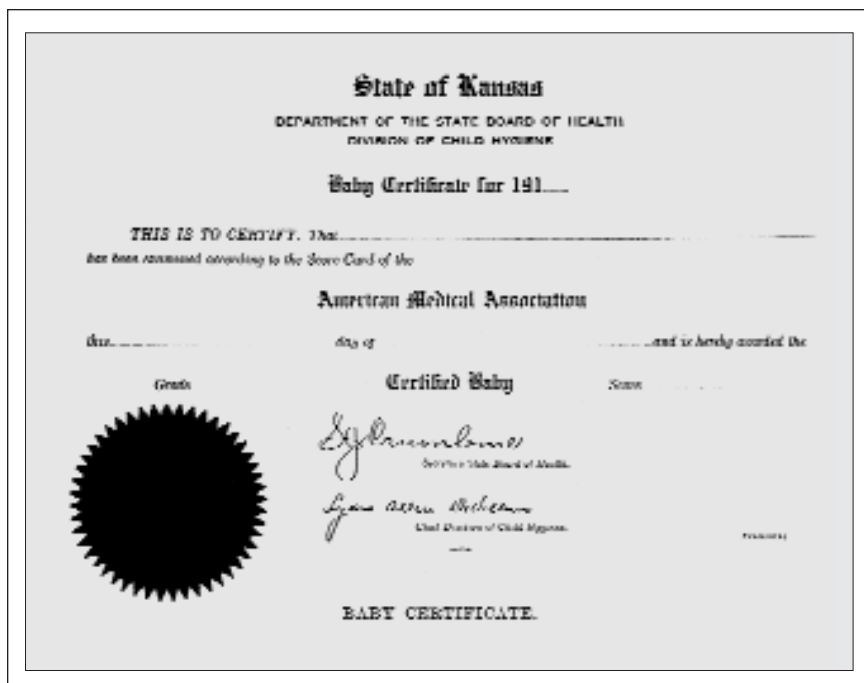
Building upon the momentum of 1915, the Division of Child Hygiene continued Baby Weeks in 1916, and it attempted to heighten public interest in health-related issues with a "Healthiest County" contest. The prize of a Governor's Trophy would go to the county that "can show by its health and sanitation record and by its activities that it is the healthiest county in the state and the best in which to rear children." It was hoped that the contest would en-



(Above) To reduce infant mortality and generally improve children's health, clinics provided mothers basic classes in health care and examined babies to ascertain health problems. Additionally, these clinics distributed child-care pamphlets, like the one below, to mothers.

9. "Child Hygiene Number," 415; "The Colored Unit," 1, box 2, Riley County file, Home Demonstration Collection, Kansas State University Archives, Manhattan, Kans.; Francis L. Brown, "Annual Report of Home Demonstration Work in Kansas," 40–41, box 7, Annual and Biennial Reports file, *ibid.*; Frank K. Sanders, "Education as an Investment," in Kansas State Board of Agriculture, *Quarterly Report*, March 1912 (Topeka), 96.





In 1916 the Division of Child Hygiene developed a certified baby program, which provided score cards and certificates for babies who received mental and physical examinations.

courage residents of towns and rural communities to take a critical look at their surroundings and correct potential health hazards such as contaminated water supplies and garbage dumps. The contest played upon local pride and the desire to show that communities were in step with modern times and ideas. The Governor's Trophy was awarded to Brown County for its demonstrated efforts in creating a hygienic living environment for its citizens. Although only ten counties participated in this contest, state officials were encouraged. Another contest was planned for the following year, but it is unclear if the competition was actually launched. America's entry into World War I and concentrated home-front efforts to support troops while also rationing and conserving resources overshadowed other activities.¹⁰

10. *Do You Live in the Healthiest County in the State of Kansas?* 7, 10, 11; "One in Every Nine Kansas Babies Dies," *Kansas City Star*, December 12, 1915, 35–37; "Brown County Wins Trophy in Public Health Contest," *Topeka Daily Capital*, November 8, 1917, in "Public Health" clippings, vol. 1, 48, Library and Archives Division, Kansas State Historical Society.

Prior to American involvement overseas, the Division of Child Hygiene announced in 1916 that it was planning to work with the U.S. Children's Bureau in its survey of factors affecting maternal and infant deaths in rural counties. The division asked to be included in the surveys that eventually studied rural counties in North Carolina, Montana, and Wisconsin. The Children's Bureau agreed because it considered Kansas "typical" of the Plains states. The county studied for almost two years was not specifically identified in the bureau's final report, other than to say that it was in western Kansas. As in the bureau's other studies, surveyors looked at living conditions, availability of doctors and nurses, prenatal care, and child-rearing practices. The results substantiated obvious problems that were not easily solved. Too few doctors were available. Prenatal care was negligible. Women performed hard manual work while pregnant, and few took several days of rest after delivery as prescribed by the medical profession. On a more positive note, the Kansas mothers showed an interest in "Baby Days" and, whether or not women understood the implications, the general practice of weaning children at a later age reduced the chances that children would die from summer gastrointestinal problems. Most important, the survey found an impressively low infant mortality rate. At one death out of every twenty-five live births, it was the lowest thus far in any bureau survey. The only statistic that came close was for two Wisconsin counties which had a ratio of one death in every eighteen live births.¹¹

Explaining the low death rate was difficult, particularly when there was much to criticize, but part of the explanation

Explaining the low death rate was difficult, particularly when there was much to criticize, but part of the explanation

11. "Child Hygiene Number," 415; Holt, *Linoleum, Better Babies & the Modern Farm Woman*, 100–1, 200 n. 14; Elizabeth Moore, *Maternity and Infant Care in a Rural County in Kansas*, Rural Child Welfare Series No. 1, Children's Bureau Publication 26 (1917), 8, 40–47; Dwight Sanderson, *The Farmer and His Community* (New York: Harcourt, Brace and Co., 1922), 142–43. The Children's Bureau also included Kansas in a seven-state survey of child labor; see Alice K. McFarland, "Child Labor in Kansas Sugar-Beet Fields, 1922," box 205, Central file, Agriculture file, RG 102, National Archives.

nation could be found in the number of births attended by physicians. In the Kansas county, doctors were present at 95 percent of the births; in Wisconsin, the number was 68 percent. The numbers represent a shift that began to accelerate in the late nineteenth century. Rather than being attended by female relatives, neighbors, or midwives, women increasingly called for doctors. They believed that this would increase the probability of becoming "living mothers of living children." Despite the hardships associated with country life and agrarian reformers' belief that farm families failed to call doctors because of the cost, the Kansas families under study reflected a national trend and seemed to be making a concerted effort to take advantage of available medical help and knowledge.¹²

As part of the push for healthier children, Kansans continued to support Better Baby clinics because they saw real value in the program. The same was true in other states. Nationally, Better Baby clinics were held each year, although Americans' attention was diverted when the United States entered World War I. The Children's Bureau sought to reignite interest by proclaiming 1918 as Children's Year. In part, the proclamation was an attempt to highlight relief efforts for children in war-ravaged Europe, but it also intended to refocus attention on the needs of American children. Better Baby clinics were organized as they had been in the past, but in 1918 the Children's Bureau wanted clinics to forward data to the bureau. Knowing the number of children outside the norm for height and weight, as well as those exhibiting physical ailments, would provide a foundation for compiling statistical studies. These, in turn, could be used to argue for national legislation related to child health care. For Children's Year clinics, the bureau distributed preprinted cards containing a list of questions. Most pertained to weighing, measuring, and physical examinations, but the bureau also wanted to know if the child's birth was registered. Most of the northern and western states, including Kansas, had vital statistic legislation that required birth registration. Doctors, nurses, and midwives did not always comply, however, which made it impossible to know the actual number of children needing health care or to adequately total mortality figures against birth rates. It was hoped that the

question would remind medical practitioners of their responsibilities and encourage areas without registration laws to enact them. During 1918 the Kansas State Board of Health also stressed birth registration with its own questionnaire, which county health officials were asked to complete by making house-to-house visits. The approach was benign. Rather than alarm parents with talk of compiling birth and death information, it was explained that birth certificates probably would be needed later in life to join the military, receive a passport, or provide proof of age before marriage.¹³

The Children's Bureau had a long-term agenda for Children's Year. It intended to use information gathered by the states to lobby for national health care legislation. To that end, each state and territory was assigned target numbers. Kansas was expected to report on at least thirty-seven thousand children (how that number was determined was not explained), but Kansas reported only about 25 percent of its assigned goal. In comparison, neighboring Nebraska reached 40 percent while Oklahoma recorded barely 15 percent. The shortfalls reflected a lack of interest in a number of areas as well as opposition from some in the medical profession and others who believed that local organizers mismanaged clinics and misled the public by suggesting clinical examinations were mandatory. The 1918 influenza epidemic also affected the outcome when health officials curtailed public gatherings. Despite its shortcomings, Children's Year was proclaimed a success. With the data it obtained, the Children's Bureau argued for federal legislation that came in the form of the Sheppard-Towner Act of 1921. The bill gave each state five thousand dollars for programs that addressed maternal and child health care. It also created the Federal Board of Maternity and Infant Hygiene to supervise future Better Baby campaigns.¹⁴

Some states, however, were reluctant to participate in the Sheppard-Towner program. By the end of 1923 Kansas and eight other states, including Massachusetts and Illi-

12. Sanderson, *The Farmer and His Community*, 142–43; Leavitt, *Brought to Bed*, 173.

13. "Children's Year Weighing and Measuring Cards" and "Does Your Child Pass?" box 142, Central file, Children's Conferences, Clinics, Tests file, RG 102, National Archives; Crumbine, *Frontier Doctor*, 212; "Baby Bulletin," 195.

14. *The Promotion of the Welfare and Hygiene of Maternity and Infancy*, Children's Bureau Publication No. 137 (1924), 1–6, 17; Lindenmeyer, "The Federal Government and Child Health," 114–15; Holt, *Linoleum, Better Babies & the Modern Farm Woman*, 116–17.



When Kansas accepted the Sheppard–Towner money, the funds were used to send a nurse or doctor to each county for medical visits. The above photo was taken at an unidentified Kansas location.

nois, which were well-established leaders in child welfare, still refused federal funds. Reasons varied for each state. Some were concerned with federal guidelines or creating programs that met with federal approval but had little practical application at the local level. Kansas finally acquiesced and accepted the money. It was sorely needed. The state legislature had never provided the Division of Child Hygiene with a robust budget, and DeVilbiss resigned in disgust in 1919 when the legislature appropriated twenty-five thousand dollars to ensure healthy hogs and only seven thousand dollars for children's health. DeVilbiss felt that she had established a working program, but it could not advance without additional staff that provided more direct aid to local communities. When Kansas accepted the Sheppard–Towner money, the funds were

used to send a doctor or nurse to each county for short medical visits. This augmented the work of county and town boards of health and of county health nurses. The impact of these visits cannot be gauged, but the State Board of Health attributed the use of federal money to a drop in infant mortality rates during 1927—one death in every eighteen live births. The board announced that this was the lowest figure ever reported in Kansas, but the Children's Bureau rebutted that claim. Its figures suggested a slight increase. The question of declining numbers, as well as the state's participation in the federal program, became moot in 1929 when Congress terminated provisions of Sheppard–Towner. The program was the victim of a changing social climate and political landscape. Historian Kriste Lindenmeyer suggests that three primary factors were at play: male politicians realized that female voters did not vote as a bloc on child-related issues and, thus, were not a threat; Catholic leaders voiced fears, however unfounded, that federally funded clinics disseminated information on birth control; and the American Medical Association (AMA) would only support the program if it was administered by the AMA-controlled Public Health Service.¹⁵

Meanwhile, the Better Baby campaign continued. In Kansas, as elsewhere, the clinic model of Baby Week examinations was reworked and incorporated into the social context of county and state fairs. Not only was this a practical approach to reaching a large cross-section of the population, the environment suited one basic purpose of fairs. It was a place for learning. "Fairs are schools for all the people. . . the exhibits are the teachers," noted one report from the Kansas State Board of Agriculture. Initial Better Baby examinations at the Iowa State Fair were successful, and the Children's Bureau understood the influence of fair exhibits as educational tools. In 1915 it sponsored practical demonstrations of children being weighed and measured at the Panama-Pacific International Exposition in San Francisco. Fair organizers in Kansas viewed the matter identically, presenting Better

15. Holt, *Linoleum, Better Babies & the Modern Farm Woman*, 118; "Division of Child Hygiene," in Kansas State Board of Health, *Fourteenth Biennial Report, 1926–1928* (Topeka, Kans.: State Printing Plant, 1928), 13–14; "Mortality Rate is Low," *Topeka State Journal*, June 11, 1930, 117; "Put Hogs Above Children," *Kansas City Star*, May 25, 1919, 52, in "Public Health" clippings, vol. 1, 52; Lindenmeyer, "The Federal Government and Child Health," 115.

Baby clinics as part of other activities. Organizers began to advertise the clinics as contests, much as one competed for blue ribbons with garden produce or homemade jellies. Officials, nevertheless, wanted the public to understand that these competitions were not beauty contests looking for the prettiest baby. Said one booklet from the Kansas State Fair: "[The] entering, examining, and awarding of prizes [consists of] the same basis or principles that are applied to live-stock shows." The Better Baby contest was open to children through four years of age. They were judged against the national standard for weight and height for specific age groups. Doctors and nurses conducted the examinations. Boys and girls were considered separately, and rural children were separated from their town counterparts. Youngsters received a grade rating after the examination. Grade A, the same classification given to top-grade livestock and poultry, was the highest award. It was hoped that parents would be alerted if their children received lower grades and that they would work to improve children's chances for a Grade A at the next fair. No matter their rating, each participant at the Kansas State Fair received a large "diploma" donated by the national magazine *Woman's Home Companion*, which saw this as one of its contributions to the national Better Baby movement.¹⁶

County fairs and community agricultural expositions, including the Kickapoo Produce Fair in Horton and the Potawatomi Indian Fair at Mayetta, also held Better Baby contests, but they were not as stringent as the state fair in categorizing children. Many local fairs simply opened their contests to youngsters under a certain age and gave prizes of cash or ribbons to the "best" boy and "best" girl. The Four-County Fair (Graham, Norton, Phillips, and



Because county and state fairs were considered "schools for all the people," Kansas fair organizers presented Better Baby clinics, which examined babies and judged them against the national standard for height and weight. Photographed here is the staff of the Baby Clinic at the Kansas Free Fair in Topeka, 1921.

Rooks Counties), for example, limited its contest to children one year of age or younger, and gave the prize of a diploma to the best boy and girl. A number of fairs presented certificates, or diplomas, provided by the Division of Child Hygiene, signifying that Grade A was the highest honor. At the heart of this fair event was still the examination of children with the promise that "mere beauty" did not count when prizes were awarded. As important, examinations identified potential health problems and offered child-care literature and lectures to mothers. Often the latter was conducted by home extension/ demonstration agents or instructors from Kansas State Agricultural College.¹⁷

16. I. D. Graham, "Classifications for County Fairs," in Kansas State Board of Agriculture, *Twenty-Sixth Biennial Report, 1927-1928* (Topeka: Kansas State Printing Plant, 1928), 38; Anna Louise Strong, *Child-Welfare Exhibits: Types and Preparation*, Miscellaneous Series 4, Children's Bureau Publication 14 (1915), appendix 5; *Prize List of the Kansas State Fair, 1916* (Topeka: Kansas State Board of Agriculture, 1916), 119; *Woman's Home Companion* certificate, awarded to Glenys Colleen Becker, September 1929, private collection of Marilyn I. Holt.

17. Holt, *Linoleum, Better Babies & the Modern Farm Woman*, 113-14; Barton County ribbon and score card, private collection; "Better Baby" photo, Kickapoo fair, 1917, Kansas Collection, University of Kansas Libraries, Lawrence; *Four-County Premium List, 1920* (N.p.: 1920); *Premium List for the Tenth Annual Indian Agricultural Fair, Mayetta, Kansas, August 1924* (N.p.: 1924), 31.

Not to be outdone, the Topeka Free Fair held its own Better Baby contests, and in 1920 it added another component with a Fittest Family for Future Firesides contest. After all, there was a relationship between good health in children and those of their parents. Governor Henry Allen offered a silver loving cup to the “fittest family,” and Senator Arthur Capper promised medals to all those receiving a Grade A rating. Some considered this contest a “natural outgrowth” of the Better Baby campaign, but it was kept separate. Parents did not have to enroll in the Fittest Family contest to have their infants and toddlers examined. The Fittest Family contest included adults in categories that ranged from newly married couples to those with children. While participants under the age of seventeen were weighed and measured and given physical examinations, adults were subjected to laboratory work that included blood and urine analysis and a Wassermann test for venereal disease. (Both the U.S. Public Health Service and the Kansas State Board of Health were engaged in vigorous campaigns to curb what many believed was a national venereal disease epidemic.) Besides diagnostic testing, motor skills and coordination were scored under the direction of Dr. James Naismith, the University of Kansas professor hailed as the inventor of basketball. Mental fitness was determined by a series of tests overseen by Dr. Karl A. Menninger.¹⁸

Nothing seemed overlooked in the Fittest Family contest, which unquestionably crossed the line from basic preventive medicine to a study in eugenics. In fact, examinations took place in the Eugenics Building, and a University of Kansas professor known for her work in eugenics, Dr. Florence Brown Sherbon, was in charge. (Sherbon later headed the Division of Child Hygiene.) Closely monitoring the proceedings was Samuel Crumbine. As he explained, “the competitors told us they came for the examination, not to win prizes, and I do not wonder, for the interest in eugenics was beginning to mount.” It is doubt-

ful that participants fully understood the principals of eugenics or its bias against some racial and ethnic groups. At the time, however, the subject was a widely accepted field of study. Proponents believed that social problems such as criminal behavior and alcoholism were not necessarily a product of environment. They argued that genetics and heredity played a large role. After inherited mental and physical strengths and weaknesses were identified, undesirable characteristics could be eliminated, producing a society with less crime, fewer vices, and more productive citizens. Generally, the fair-going public was unaware that eugenics advocated segregating “defectives” from the general population and sterilizing criminal and mentally ill populations. Topeka Free Fair organizers simply explained that the program’s purpose was “to apply the well-known principles of heredity and scientific care which have revolutionized agriculture and stock breeding to the next higher order of creation—the human family.” The comparison between livestock and people was widespread among eugenics professionals, but the editor of the *Journal of Heredity* bristled. “The adoption of terms used in stock judging,” he wrote, “is especially to be deplored as tending to give eugenics more of the barnyard flavor which is certain to discredit it in the minds of many people.” Still, the analogy was understood. In the modern age of the early twentieth century, agriculture saw the benefits of science. Surely then, the same principles could be applied to people.¹⁹

The eugenics component for Fittest Family contests did not significantly affect the Better Baby campaign in Kansas. Still, some eugenicists wanted to add questions on family history to score cards used to evaluate children, and elsewhere, in Colorado and Iowa, eugenic exhibits were prominently displayed at Better Baby clinics. Gradually, Fittest Family programs disappeared while Better Baby clinics remained. Well into the mid-twentieth century Better Baby examinations continued at fairs and other venues, and officials continued to remind Kansans of the need “to protect the health of our infants, growing boys and girls, and teen-age groups.” The number of contests began to

18. Watts, “Fitter Families, 517; “Human Stock at Kansas Free Fair,” *Eugenical News* 7 (October 1922): 111; Johnson, “Fitter Families for Future Firesides,” 457; *Kansas Free Fair Premium List for 1922* (Topeka: Kansas State Board of Agriculture, 1922), 158–59; Crumbine, *Frontier Doctor*, 213–14. The State Board of Health published a number of pamphlets on the dangers of venereal disease and accepted federal money to combat it. See U.S. Surgeon General to Henry J. Allen, April 15, 1919, Correspondence Received, folder 9, box 10, Henry J. Allen Administration, Records of the Governor’s Office, Library and Archives Division, Kansas State Historical Society.

19. Crumbine, *Frontier Doctor*, 213–14; Johnson, “Fitter Families for Future Firesides,” 457, editor’s note. Florence Brown Sherbon had a diverse career. She was one of the judges at the first Better Baby contest at the Iowa State Fair, a surveyor for the Children’s Bureau, and was instrumental in creation of the Bureau of Child Research at the University of Kansas; among her many publications are Sherbon, *The Child; His Origin, Development and Care* (New York: McGraw-Hill, 1934); Sherbon, *The Family in Health and Illness* (New York: McGraw-Hill, 1937).

dwindle, however, during the hard times of the Great Depression. They further decreased when World War II made other demands on time and home-front resources. Eventually, Better Baby clinics and contests were replaced with “child-health conferences,” also referred to as “well child conferences.” State and national relief projects of the 1930s and the Social Security Act of 1935 initiated these programs, under which physical examinations expanded to include dental and vision care, as well as specialized diagnosis of physical and mental disabilities.²⁰

Were the Better Baby campaigns a success? The answer is mixed and often nuanced by changes in attitude, rather than statistical numbers, but figures are the basis for deciding if the first goal of reducing infant mortality was reached. The Children’s Bureau believed that its work and the resulting Sheppard–Towner Act brought a noticeable reduction. In 1921 the national mortality rate was 75.6 per thousand live births. By 1929 it had dropped to 67.9. The numbers were all the more impressive when placed within the context of the shifting American population. The U.S. Census of 1920 noted that for the first time in the nation’s history, more people lived in towns and cities than in rural areas. Rural residents were migrating off farms and ranches, and foreign immigrants added to the urban population. The demographic shift from an agrarian society did not slow during the 1920s, demanding additional child health care in urban settings. Although the Sheppard–Towner program



In 1920 baby judging expanded to Fittest Family contests, which crossed the line from basic preventive medicine to the study of eugenics. Photographed here is a crowd at the Eugenics Building where the Governor’s Trophy would be presented to the Fittest Family at the 1920 Kansas Free Fair in Topeka.

did not singlehandedly reduce national mortality rates, it was considered the most important health-care initiative to that date.²¹

The news in Kansas reflected national trends, but many obstacles to good child health remained. In Kansas, urbanization occurred, but both towns and rural communities continued to face challenges. Environmental threats to good health such as raw sewage and garbage were a constant concern to growing towns. Some rural areas still faced a shortage of qualified doctors, and although the majority of Kansas counties had at least one hospital, most were small facilities such as Scott County’s thirteen-bed

20. Dorey, *Better Baby Contests*, 72; Watts, “Fitter Families,” 517; “Child Health Day Proclamation, May 1, 1944,” broadside, Library and Archives Division, Kansas State Historical Society; *White House Conference on Children in a Democracy*, Washington, D.C., January 18–20, 1940, *Final Report* (Washington, D.C.: 1940), 296, 307, box 1, White House Conference on Children in a Democracy, Final Report file, White House Conference on Children and Youth Collection, Dwight D. Eisenhower Library, Abilene, Kans. (hereafter cited as White House Conference); Paul R. Ensign, “Report on the Functioning Committee on Medical Needs, November 1950,” 6–7 [typescript], Kansas file 4, box 3, *ibid*.

21. Children’s Bureau, *The Promotion of the Welfare and Hygiene of Maternity and Infancy*, Publication 203 (1931), 31–32, 36; Kellee Green, “The Fourteenth Numbering of the People: The 1920 Federal Census,” *Prologue: Quarterly of the National Archives* 23 (Summer 1991): 138–39.



The Division of Child Hygiene succeeded in raising public awareness and educating thousands of mothers through Better Baby clinic lectures and publications such as "The Kansas Mother's Manual."

county hospital. A report issued by the U.S. Department of Agriculture in 1918, citing the need to "give country districts the advantages of modern hospitals, nursing, and specialized medical practice," was still relevant a decade after the report appeared. Where hospitals were available, the health-care community faced another sort of battle, convincing parents to use the facilities. Although an increasing number of women went to hospitals to give birth in the 1920s, home delivery still was common, and children usually were treated for sickness at home or in a doctor's office. It took time to educate parents and change public thinking about hospital care. Another obstacle to saving children was the "dread second summer." Toddler deaths from gastrointestinal problems would remain a threat until reliable refrigeration became the norm in Kansas households: electrification outside towns and cities did not see significant gains until the late 1930s when the Rural Electrification Administration was established. If, however, only the numbers are considered as an indicator of progress, efforts to dramatically lower infant mortality showed hopeful results.²²

Positive repercussions from the Better Baby movement were apparent elsewhere. If nothing else, the Division of Child Hygiene succeeded in raising public awareness and educating thousands of mothers through Better Baby clinic lectures and publications such as "The Kansas Mother's Manual." Health-care and child-rearing literature in mother's hands provided women with a sense of some control and assurance. They realized they could do much to make their homes, and communities, more sanitary and healthy for the children living there. County health officials also took a cue from the division when they promoted Better Baby clinics and contests. In counties with a public health nurse or visiting nurse program, weighing children and comparing them with the medical norm became a routine responsibility outside Better Baby programs. In Dickinson Coun-


22. Lindenmeyer, "The Federal Government and Child Health," 115; "Scott County Health Council, Report to Kansas Council for Children, 1950," 1 [typescript], Kansas file 4, box 3, White House Conference; David Franklin Houston, "Report of the Secretary," in *Yearbook of the United States Department of Agriculture, 1918* (Washington, D.C.: Government Printing Office, 1919), 72-73; Leavitt, *Brought to Bed*, 173-75; Charles R. King, "Childhood Death: The Health Care of Children on the Kansas Frontier," *Kansas History: A Journal of the Central Plains* 14 (Spring 1991): 28.

ty, for example, the county nurse reported weighing four hundred children in one month; they ranged from infants to school-age children.²³

In cooperation with the Division of Child Hygiene, as well as independently, local women's clubs, civic organizations, and home extension units carried on the message of child health through educational programs and community projects. Some of these emphasized nutrition and basic child care. Others focused on hygiene and sanitation. Many clubs, spurred on by Children's Bureau directives, purchased scales for schools so that children were weighed and monitored during the school year, with teachers listing the results on report cards for parental perusal. Women's clubs also initiated local health-related programs that borrowed information from the State Board of Health, as well as nutrition education sponsored through the U. S. Department of Agriculture and Kansas State Agricultural College. Some of these programs targeted club members since "the study of foods . . . raises the standard of family health and tends to remove physical defects caused by malnutrition." Other projects focused on community education. In Marion County, for example, club women promoted milk consumption among children. A home extension agent gave programs on milk's nutritional value and, with the county nurse, visited 125 schools to weigh and measure nearly four thousand school-age children. It was much the same in Dickinson County where home extension clubs sponsored a "dairy day" at the county seat. Creating a carnival atmosphere, organizers set up

23. "Public Nurse is Busy," *Abilene Daily Reflector*, September 23, 1923. "The Kansas Mother's Manual" provided a wealth of information, ranging from what to expect during pregnancy to all aspects of infant care.

tents, plied children with free milk, and encouraged mothers to attend nutrition classes. Although some rural residents resented the implication that farm living might not ensure healthy diets, the more typical response was reflected in one woman's sentiment: "I always thought that milk was good for children and occasionally when I thought of it I gave them some but now since our lesson I never forget to put a glass at every place."²⁴

Better Baby clinics and contests became relics of the past, and today it may seem that they were a simplistic solution to the daunting challenge of bringing a better state of health to America's children. Certainly, they were representative of the grand reform gestures that appealed to Progressives who were often impatient for change. For thousands of Kansas children, however, health clinics provided something they had never had—a medical examination. Equally important, the focus on Better Babies spilled over into projects and programs that went far beyond weighing and measuring children. The clinics, as well as related programs, laid a foundation for how parents and the general public thought about preventive medicine, health care for children, and creating healthier environments for the youngest of Kansans. 

24. Jessica B. Peixotto to State Chairmen of Child Welfare, January 8, 1918, Central file, Children Conferences, Clinics and Tests file, box 142, RG 102, National Archives; Anne B. Evans, *Women's Rural Organizations and Their Activities*, Bulletin 719, U.S. Department of Agriculture (August 29, 1918), 6; Rena A. Faubion, "Narrative Report, December 1, 1919-December 1, 1920," 2-3, in Kansas State Agricultural College, *Annual Report of Project No. 13*, Annual and Specific Reports file, 1917-1950, Kansas State University Archives; Mary Elsie Border, "Kansas Annual Report, Dickinson County, November 1, 1929 to November 1, 1930," 12-13, 20-23, Extension files, Dickinson County Courthouse, Abilene, Kans.